

LACTIC ACID AS A DESTROYER OF PATHOGENIC TISSUES.

Since Mosetig-Moorhof's favorable results with this agent (*Centbl. f. Chirg.*, 1885, No. 12) various other observers have made use of it, in lupus, superficial epithelioma, papillomatous growths, fungous processes, scrofular ulcerations, laryngeal phthisis, etc. Its advocates claim that it is not a true caustic, but selects diseased and spares healthy tissue. Wherever its application is practicable it is consequently to be preferred to curetting.

The acid is a syrupy liquid miscible with water. Though not considered necessary by some, its action may be confined by covering surrounding parts with plasters, collodium or traumaticin; fats are an impediment. It is applied on linen, felt, or the like, either pure or reduced with water, or mixed as a paste with pure pulverized silicic acid. It may be applied with a brush, but does not then act as rapidly. It is further recommended to bind it on with rubber, paper, or other confining material. It causes considerable pain for a few hours (Bum says 1-3) and is usually removed in twenty-four or less.

Joseph (*Deut. Med. Woch.*, 1885, No. 43) cured a leucoplakia buccalis with 80% diluted lactic acid. Schnitzler reported at the September *Naturforscher-Versammlung* his experience with it—not very favorable—in tuberculosis of the larynx. Krause, of Berlin has also used it in this affection, and Jellinek (*Wien. Med. Wochenschrift*, 1885, No. 46), in Schrötter's clinic, has for some months given it a more thorough trial. For this purpose he prefers a 20 to 80% solution. The healthy mucous membrane is but slightly affected, while infiltrated portions are slowly destroyed. The more succulent the infiltration, the more vigorous the action; oedematous parts shrink in three or four days, and troubles in deglutition are rapidly relieved. Most favorably affected were small ulcerations, especially on the vocal cords; larger sores were only prevented from further growth. In ulcerous, granular and hypertrophic pharyngitis he had good results. In nasal troubles simple brushing does not suffice; longer contact is necessary. J. believes that in laryngeal phthisis by daily applications more can be

accomplished with this than with any other remedy, and that in its earlier stages it can thus be cured.

Bum (*Wien. Med. Wochenschrift*, 1885, No. 47) has for several months been employing it in fungous, i. e., tubercular disease of soft parts—skin, subcutaneous tissue, lymphatic glands—in dispensary practice. The unhealthy granulations are reduced to an easily reducible pulp; the walls of the cavity do not bleed; after two or three applications, with intermediary pauses of two days, a permanent dressing of iodoform gauze is used, abundant healthy granulations develop, and a smooth, soft scar results. Lactic acid will attack healthy as well as unhealthy epidermis, but in the subdermal tissues it seeks out fungous nests and destroys them. B. gives short histories of nineteen cases in patients from 1 to 52 years of age. There were eight males and eleven females; eight ulcers, seven fungous and four fistulous. The average number of acid dressings was three, and the average time of cure twenty-five days, or, deducting one who removed dressings, but nineteen and eight-tenths days. No failures, and up to date, six weeks to five months later, no relapse.

Finally Mosetig has returned to the subject again (*Wien. Med. Wochenschrift*, 1885, No. 48), with the demonstration of good results in a large facial epithelioma in a man æt. 55, and an *ulcus rodens* on the face in a woman æt. 60. In the former he had made twenty-six application in a month, and in the latter he had made twenty already. In caries he finds it excellent, good demarcation being produced, and there being less liability to relapse than after curetting. He has tried injections of the acid, $\frac{1}{2}$ to 1 grm. of a 50 to 70% solution. Whether relapses may yet occur he, of course, cannot say.

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